DOCUMENT RESUME

ED 138 936 CS 003 410

AUTHOR Mack, Faite Royjier-Poncefonte
TITLE Collection of Reading Academy Record Keeping Forms.
INSTITUTION Grand Valley State Colleges, Grand Rapids, Mich. Graduate School of Education.
SPONS AGENCY Office of Education (DHEW), Washington, D.C.
PUB DATE 77
NOTE 156p.

EDRS PRICE MF-$0.83 HC-$8.69 Plus Postage.
DESCRIPTORS Attendance Records; *Educational Administration; *Information Processing; Reading Instruction; *Reading Programs; *Records (Forms)
IDENTIFIERS Right to Read

ABSTRACT

Useful for individuals who require fairly detailed knowledge of reading academy information processing, this collection includes the following forms: client referral, client application and information, tutor volunteer application, contract, attendance record, client assessment, tutor/volunteer instruction, evaluation, exit, personnel, material request, and financial. (HOD)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

GRAND VALLEY STATE COLLEGES

Allendale, Michigan 49401 • 616/895-6611 • An Equal Opportunity Employer

ED138936

COLLECTION OF READING ACADEMY RECORD KEEPING FORMS

A Component of the Reading Academy Director's Handbook to be published by the National Right-to-Read Effort, United States Office of Education

by

Faite Royjier-Poncefonte Mack, Ph. D.
Associate Professor of Graduate Education
and
Faculty Coordinator, Community Reading Academy in
Kent County, Michigan

1977

Grand Valley State Colleges
Graduate School of Education
Fifth Floor Suite
State of Michigan Office Building
350 Ottawa Street, N. W.
Grand Rapids, Michigan 49503

616-456-7108

CS003 410

The information reported herein was performed pursuant to a grant with the Office of Education, U. S. Department of Health, Education, and Welfare. Projects undertaking such activities are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

TABLE OF CONTENTS

TITLE	PAGE
Section A	
I. CLIENT REFERRAL FORMS	A-1 - A-6
Section B	
I. CLIENT APPLICATION AND INFORMATION FORMS	B-1 - B-12
Section C	
I. TUTOR VOLUNTEER APPLICATION FORMS	C-1 - C-10
Section D	
I. CONTRACT FORMS	D-1 - D-4
Section E	
I. ATTENDANCE RECORD FORMS	E-1 - E-9
Section F	
I. CLIENT ASSESSMENT FORMS	F-1 - F-18
Section G	
I. TUTOR/VOLUNTEER INSTRUCTIONAL FORMS	G-1 - G-14
Section H	
I. EVALUATION FORMS	H-1 - H-19
Section I	
I. EXIT FORMS	I-1 - I-6
Section J	
I. PERSONNEL FORMS	J-1 - J-9
Section K	
I. MATERIAL REQUEST FORMS	K-1 - K-9
Section L	
I. FINANCIAL FORMS	L-1 - L-10

Introduction

"The Collection of Reading Academy Record Keeping Forms" will be a useful resource for individuals requiring a fairly detailed knowledge of reading academy information processing. This material will be included in the Reading Academy Director's Handbook, soon to be published by the National Right-to-Read Effort, United States Office of Education. The goal of this endeavor is to: (1) provide information and experiences which should assist in an educator's managerial role and (2) increase the efficiency of a project in the National Right-to-Read Effort.

I wish to express my sincere appreciation to the many reading academy directors who kindly consented to have their materials included in this collection. I would also like to express my thanks to Kathleen Klein, whose labors in typing these materials must not go unrecognized.

SECTION A

I. CLIENT REFERRAL FORMS. . . . . A-1 - A-6

CLIENT REFERRAL FORM

Student's Name _____
last first

Address _____
zip

Phone _____ (or how to reach) _____

Age _____ Marital Status (optional) _____ No. children home ____

Race, Ethnic Group (optional) _____ Education _____

Employment Skills _____

Condition of Health _____

Other Relevant Information _____

_____

_____

When is student available for lessons? (days, nights) _____

_____

Can student travel to tutoring? _____ How? _____

Can student buy own books? _____

Approximate reading level _____

Referred by _____ Date _____

Date tutoring started _____ Date tutoring stopped _____

Why tutoring stopped _____

_____

Tutor name _____ Tutor phone _____

Comments concerning the student (reading achievement, attitude, personal problems, etc.) _____

_____

_____

(Use back page if necessary)

TO: Faculty

FROM: Reading Academy

RE: Reading Academy Service

One of the services offered by the new Reading Academy is the evaluation and testing of any student with suspected reading problems. Faculty members who wish to have one or more of their students evaluated may do so by completing the attached form and forwarding it to the Grand Valley State College Reading Academy.

The Reading Academy is prepared to do this evaluation any time Monday - Thursday, 10:00 a.m. to 2:00 p.m. The faculty members should choose a convenient time for the student, and indicate that time in the appropriate place on the attached form. The student will then be expected at that time.

An evaluation will be sent to the requesting faculty member the day after the testing is done.

READING REFERRAL FORM

Student's Name _____ Date _____

Instructor's Name _____

Department _____

Reason for Referral _____

_____

Testing Date _____ Day _____ Time _____

Please forward to:

Dr. Faite Mack
Grand Valley State College
State Office Building
350 Ottawa, N. W.
Grand Rapids, Michigan 49503

SCHOOL READING REFERRAL FORM

Student's Name: _____ Date: _____

Instructor's Name: _____

Department: _____

Reason for Referral: _____

_____

Testing Date _____ Day _____ Time _____

Please forward to:

Dr. Faite Mack
Graduate School of Education
State of Michigan Building
Grand Rapids, Michigan 49503

CLIENT REFERRAL FORM

Client's Name _____ Age _____

Address _____ City _____ State _____

Phone Number _____ Male _____ Female _____

Parent's/Spouse's Name _____

Address _____ City _____ State _____

Phone _____

Work or Business _____

Phone Number of Work or Business _____

Address of Work or Business _____

Referred by:

Name _____

Address _____ City _____ State _____

Phone Number _____

Community Agency/Business _____

_____

Comments _____

_____

_____

_____

_____

CLIENT REFERRAL FORM

Date _____

Mr. or Ms. _____
Last First Middle

Address _____

_____ Phone _____

Approximate Age _____ Sex: Male _____ Female _____

Name of Referring Agency _____

Name of Referring Staff _____

(Title) _____ Phone _____

Specific Reasons for Referral _____

_____ _____

_____ _____

Is the individual aware that you have made this referral:

Yes _____ No _____

Are they to contact our office:

Yes _____ No _____

Which of the following Satellite Centers will they contact:

Franklin Hall _____ Sheldon Complex _____ Northeast_____

Inter-Tribal _____ Latin American _____ Westside_____

Do they need transportation:

Yes _____ No _____

Will you be able to provide transportation:

Yes _____ No _____

Indicate Reading Service Required:

_____ Diagnosis of a Reading Problem (Testing)

_____ Prescription of Remedial Reading Materials

_____ Individual Reading Instruction

_____ Small-group Reading Instruction

_____ Assistance in Completing Applications or Forms

_____ Assistance in Writing Letters or Papers

_____ Assistance in Comprehending or Preparing for an Examination (Civil Service, Job, Drivers License)

_____ Assistance in Writing a Resume or Self-Description Form

_____ Assistance in Completing Social Security Forms

_____ Assistance in Completing Credit Forms and Applications

_____ Other: _____

_____

_____

SECTION B

I. CLIENT APPLICATION AND INFORMATION FORMS . . . B-1 - B-12

CLIENT APPLICATION FOR

DATE _____
SEX _____

Name of Applicant _____ Phone _____

Address _____

Date of Birth _____ Place of Birth _____

Occupation _____

Health _____

Vision _____ Hearing _____

Marital Status _____ Children of Applicant (sex and age) _____

Has applicant suffered from any serious illness or accident? yes ___ no ___

Illness _____ Date _____ Result _____

Has applicant attended school(s) for formal education? _____

School(s) _____ Location _____

Grade and/or Date _____

Does the applicant read or examine any magazines and/or newspapers.

Regularly? _____ Occasionally? _____

Applicant should be asked the following questions:

How did you find out about the tutoring program? _____

What do you think is the cause of your reading difficulty? _____

_____

Why do you want to improve your reading? _____

The interviewer should advise the applicant of the following:

After your application is carefully considered, you will be assigned to a volunteer tutor.

If applicant can write his signature, he should sign below:

_____
Signature

ASSIGNMENT SHEET

Name of Student _____ Age _____ Date _____

Address of Student _____

Reading Level (Oral or silent reading tests; standardized or informal)

Name of Test _____

Score _____

Chief Areas of difficulty:

If this student has special needs to be considered in scheduling, please be sure to summarize below (transportation, time, etc.):

Additional comments if necessary:

_____
Interviewer

Assigned to _____ Days _____ Time _____

Name _____ Place _____

Address _____

Telephone number _____

CLIENT INFORMATION FORM

For Office Use:
Tutor's Name _____

Date Placed _____

Teaching Approach _____

Date: _____

Name _____
last first middle

Address _____ Phone _____

Date of Birth _____ Country of Birth _____

Languages (specify):	Read	Write	Speak
_____	_____	_____	_____
_____	_____	_____	_____

Years of School Completed: none ___ 1 ___ 2 ___ 3___ 4___ 5___ 6___ 7___ 8___

9___ 10 ___ 11___ 12 ___ 13 ___ or more ___

Employment: employed _____unemployed _____public assistance_____

If employed, what type of work: _____

Primary wage earner: yes ___ no ___

Previous work experience _____

Reasons for starting tutoring: _____

_____

Preferred tutoring times: (Specify hours) _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Sat. _____ Sun. _____

Reading Level _____

DIAGNOSTIC PROFILE FORM

NAME: _____ TUTOR: _____

INITIAL INSTRUCTIONAL SEQUENCE: _____ DATE _____

FINAL INSTRUCTIONAL SEQUENCE: _____ DATE _____

The broad areas checked below constitute the skills areas in which the learner is having some degree of difficulty. Refer to the above sited instructional level for each checked area for detailed descriptions of instructional activities designed to correct all checked reading difficulties.

PERCEPTUAL SKILLS
The learner will be able to see and hear the likenesses and differences in sounds and letters.

_____ Visual Discrimination

_____ Auditory Discrimination

WORD RECOGNITION SKILLS
The learner will be able to apply knowledge of the sounds, parts, configuration, and meaning of words to identify unfamiliar words. He will be able to master the basic sight vocabulary and extend his general vocabulary.

_____ Sight Vocabulary

_____ Word Meaning

_____ Phonic Analysis

_____ SStructural Analysis

_____ Contextual Clues

_____ COMPREHENSION SKILLS
The learner will be able to understand, interpret and evaluate the words of an author.

_____ ORAL READING SKILLS
The learner will be able to exhibit efficient and effective oral reading.

_____ LIFE COPING SKILLS
The learner will be able to demonstrate proficiency and independence in coping with the demands of daily experiences.

CLIENT APPLICATION FORM

Date _____

Name _____ Sex _____ Birthdate _____ Age _____

Home Address _____ Phone _____

Occupation _____ Address _____

No. yrs. employed _____ Phone _____

Employment Background:

_____

Ethnic Background:

White _____ Black _____ Spanish _____ Other _____

Are you registered to vote? yes ___ no___ Driver's license? yes ___ no ___

Family Background: marital status: Married ___ Single ___ Children ____

Education Background: (highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

GED___ Special training_____

Involvement in other programs: (education, community, vocation)

Present _____ Past _____

_____ _____

Transportation: Car _____ Bus _____ Other _____

Recruitment approach: radio ___ TV _____ newspaper _____ flier _____

referral from teacher _____ referral from agency _____ friend____ other_____

Reasons for enrolling in Academy:

Describe yourself as a reader:

Describe anything that you are good at:

What are your weaknesses?

What are your interests?

Times available for tutorial sessions:

	M	T	W	TH	F
Morning					
Afternoon					
Evening					

CLIENT INFORMATION FORM

STUDENT'S NAME _____ AGE _____

ADDRESS _____ TELEPHONE _____

COMMUNITY (WITH BRIEF BACKGROUND)

_____

_____

ESTIMATED GROUPING PRIMARY SECONDARY PRE-COLLEGE

TEST SCORES:

_____

_____

AREAS OF INTEREST OR PROFICIENCY _____

_____

AREAS NEEDING EDUCATIONAL WORK _____

_____

EDUCATIONAL BACKGROUND _____

_____

WORK EXPERIENCE _____

_____

INDIVIDUAL'S GOALS _____

_____

STUDENT'S PERSONALITY ORIENTATION FOR TUTOR SELECTION _____

TIMES AVAILABLE FOR INSTRUCTION _____

OTHER TIME COMMITMENTS _____

DATE FOR INITIAL EDUCATIONAL INTAKE _____

SCHEDULE FOR INSTRUCTIONS _____

CLIENT SOCIAL SECURITY NUMBER

DATE OF APPLICATION

CLIENT INFORMATION FORM

Comments on I.D.

1. NAME _____ _____
last first middle

2. Local Address _____ 3. _____
Street City State zip Local Phone

4. Emergency Contact _____ 4b. _____
Name Emergency Contact Phone

_____
Street City State zip

Bloc II DEMOGRAPHIC DATA	5. Birthdate mo / day / year	6. Sex M F
7. Age 18 and under 19-21 22-44 45-54 55-64 65 & over	8. Education 0-3 4-6 7-9 10 + Highest Grd. Yr. Completed	9. Ethnic Group White Black Asian American Indian Other
10. Spanish American-yes/no Mexican American Puerto Rican Latin American Cuban Other	11. Limited English Speaking Ability yes no	12. Veteran yes no recently separated special disabled other
13. Handicapped yes no	14. Full Time Student yes no	15. Offender yes no
BLOC III ELIGIBILITY DATE U.S. Citizen yes no Legal Resident yes no	16. Public Assistance-AFDC Unemployment Ins. Other	17. Family Income in $ From Agric. ____ From Non-Ag. ____ Total _____
18. Farmworker Status Migrant Seasonal Migrant Dependent Seasonal Dependent	19. Labor Status Employed Underemployed Unemployed Not in Labor Force	19a. Family Status Prime Wage Earner Head of Household b. No. in family ____ c. No. Dependents____
20. Most Recent Employment a. _____ b. _____ name of job hourly wage c. _____ d. _____ DOT code Date unemployed e. _____ #wks. unemployed		21. Section 303 Eligible yes no 22. Name and Location of Schools Attended:

I certify the above information is complete and true, to the best of my knowledge.

_____ _____
Applicant's Signature Date

_____ _____
Interviewer's Name Signature

_____ _____
Interviewer's Title Date

ACTION TAKEN 1. Registered
a. Manpower b. Health
c. Classroom Training d. Emer. Ass't
e. Credit Union f. _____

2. Referred to
a. Prime Sponsor
b. Other _____

3. Hold (Pending until _____ date)

4. Ineligible

CLIENT APPLICATION FORM

(Because this form requires increasingly advanced reading skills as the individual proceeds, it gives us some indication of ability - very general, of course.)

BASE LEVEL

A. 1. Write or print your name _____

2. What is your address? _____

3. What is the date today? _____

4. Do you have a telephone? _____ What is the number? _____

5. Are you married? _____ What is your husband's name or wife's name? _____

6. When is your birthday? _____

7. Where were you born? _____

INTERMEDIATE LEVEL

B. 1. Are you a citizen of the United States? _____

2. Are you a citizen by birth or by naturalization? _____

3. Do you maintain private transportation? _____

4. If so, what type? _____

5. Do you possess a valid driver's license? _____

6. What is your ethnic origin? _____

7. Are you a registered voter in the State of Michigan? _____

8. If you are presently employed, please indicate whether you are employed on a full-time or part-time basis. _____

9. How long have you worked for your present employer on the job which you now hold? _____

10. Do you subscribe to a newspaper? _____

11. Do you subscribe to other newspapers or magazines? _____

12. If so, please list them _____

13. Do you own (or have ready access to) a T.V. set? _____

14. Do you own a radio or is one available to you? _____

15. Please answer with either fine, good, fair, poor or bad, the following questions:

    a. How is your vision? _____

    b. How is your hearing? _____

    c. How is your health? _____

STUDENT PROGRESS REPORT FORM

STUDENT'S NAME: _____ PHONE: _____

ADDRESS: _____ AREA: _____

INITIAL CONTACT: Date: _____ Referred By: _____

SCREENING DATE: _____

Non-Reader: _____

Low-Level Reader: _____

Vision Testing: _____ Pass _____ Fail

Wears Glasses: _____ Yes _____ No

Hearing Testing: _____ Pass _____ Fail

Wears Hearing Device: _____ Yes _____ No

REFERRAL FOR VISION OR HEARING TESTING: _____

_____

NAME OF TUTOR: _____ DATE MATCHED: _____

NAME OF TUTOR: _____ DATE MATCHED: _____

NAME OF TUTOR: _____ DATE MATCHED: _____

TERMINATION DATE: _____ LEVEL: _____

DROPPED: _____ GRADUATED: _____ OTHER: _____

STUDENT COMMENTS: _____

_____

TUTOR COMMENTS: _____

_____

CLIENT INFORMATION FORM

_____ _____
(Tutor's Name)

INFORMATION ON STUDENT

Student's Name _____ Date _____

Address _____ Phone _____

Age _____ Male _____ Female _____ Race _____ Native Country _____

Primary Language _____ Other Language _____

Years in U.S.A. _____ U. S. Citizen: Yes _____ No _____

Occupation _____ Employer _____
(include full-time, part-time, seasonal)

Business Address _____ Phone _____

Supervisor at work _____ Phone _____

How to contact student _____

Main objective for participating in LVC _____

Participation in other programs (ABE, CETA, Voc. Rehab.) _____

_____

Marital Status _____ Number of Children _____

Number years attended school _____ Number years studied English _____

Referred by _____ Agency or Relationship _____ Phone _____

Personality Traits _____

Other comments _____

Student Available (Times and Days) _____ Suggested Tutoring Location _____

Heard of Program from _____ Filled out by _____

STUDENT TEST INFORMATION

Initial Placement Test

Level 0 _____ Level I _____ Level II _____ Level III _____ Level IV _____

Tested by _____ Date Tested _____

Subsequent Annual Test Information

Level _____ Date Tested _____ Tested by _____
Level _____ Date Tested _____ Tested by _____
Level _____ Date Tested _____ Tested by _____

CLIENT INFORMATION FORM

Name (Last, First, Middle Initial)	Social Security No.	Enrollment Date	IMC Area

Local Address (Street, City, State, Zip)	Birthdate:	
_____	_____	Ethnic Group _____
_____		Number in family _____
Telephone:	Male Female	Veteran: Yes No

Farmworker Status:	
Migrant _____ Resident _____	Current Occupation: _____
Family Income: (Optional) $_____	Name of Employer: _____
	Address: _____
Labor Force Status:	Telephone:

READING ACADEMY LEVEL

Oral Level I	Oral Level II	Date Assessed _____	Method
Reading Level I	Reading Level II	Date Assessed _____	Method
Writing Level I	Writing Level II	Date Assessed _____	Method

Students Personal Objective:	Class Schedule Day Time
	Monday
	Tuesday
Comments:	Wednesday
	Thursday
	Friday

Date of 100 Hour Assessment _____	Score	Changes in Objective?	
Date of 200 Hour Assessment _____	Score	Changes in Objective?	
Date of 300 Hour Assessment _____	Score	Objective Met? Yes No	Assessment Method

Comments:

White - GVSC
Yellow - Area Office
Pink - Student Copy

SECTION C

I. TUTOR VOLUNTEER APPLICATION FORMS. . . .C-1 - C-10

VOLUNTEER/TUTOR APPLICATION FORM

Name: _____

Address: _____ Phone _____

I would like:	Very Much	Some	Very Little
1. To work with one student			
2. To help develop materials			
3. To assist in keeping records			
4. To help with clerical duties			
5. To help with recruitment			
6.			

Have you ever served as a volunteer? _____ Where? _____

Are you a student? _____ If yes, where? _____

Major _____ Degree held if a graduate _____

Are you employed? _____ Type of Work _____

Could you train some students in skills you learned on the job? _____

_____

Please list the areas in which you feel you have some expertise which you would like to share:

A. Job Skills

B. Hobbies

C. Special talents

D. Areas of specialized training

Why have you volunteered to help us in Right-to-Read Adult Reading Academy?

_____

How many hours can you give? _____

When are you available?

Days _____ Evenings _____

RIGHT-TO-READ ADULT READING ACADEMY

Volunteer Intake Interview Guideline Questions

Name of Volunteer: _____

Interviewed by: _____

1. Would you be willing to go to satellite centers in the community? _____

   Transportation? _____ What do you think that you can bring to Right-to-Read (Outside interests, hobbies, knowledge of community, etc.)?

2. Do you think that you can relate to a variety of ethnic groups and non-native speakers of English?

3. What kind of reward(s) would you like from this experience?

4. What is the time commitment (and for what length of time) that you are willing to make?

5. What kind of experience and/or training do you have in the area for which you are volunteering?

   Do you think that you can make a contribution to the training of others to perform this function?
   What? How?

6. Before you begin the volunteer job itself, will you be willing to spend some of the time being trained to do that job?

VOLUNTEER/TUTOR APPLICATION FORM

NAME _____

ADDRESS _____

TELEPHONE _____

EDUCATION

Institution _____
(School or Organization)

Course of study or major _____

Date _____

Degree (or Certification of competency) _____

VOLUNTEER SERVICES

Service _____

Date _____

Duration _____

What do you like to do in your free time? _____

_____

_____

Availability for tutoring program:

Days _____

Times _____

Please state any preference for student assignment: (Male, female, and age or reading level)

_____

_____

_____

WORK STUDY TUTOR DATA SHEET

Name _____ Sex M ____ F ____

Local Address _____ Telephone _____

City and State _____

zip

Classification (circle one): Freshman Sophomore Junior Senior

Course Title and No.	Days	Time	Location	Instructor

TUTORIAL AVAILABILITY

Please indicate below the time(s) you will be available to tutor at the Reading Academy Center(s). The time(s) must be in at least three (3) hour blocks of time. Remember to allow yourself enough time to eat, study, and sleep:

I will be available for tutoring at the following time(s) _____

_____

Also, I understand that Right-to-Read tutors must meet certain selection criteria and performance qualifications. These criteria and qualifications determine my selection and retention in the Reading Academy Program.

_____

Signature of Tutor

TUTOR/VOLUNTEER APPLICATION FORM

For Office Use:
Student's Name _____

Date placed _____

Teaching Approach _____

Name _____
last first middle

Date of Application _____ Date of Birth _____

Address _____ Phone _____
street city state zip

Education: Less than high school _____ Some college _____

Completed high school _____ Completed college _____

Other _____

Language skills other than English _____

Employment: Are you now employed in a job? Yes _____ No _____

Occupation_____ Are you a primary wage earner? _____

What times will you be available for tutoring? daytime _____ evening _____

Mon._____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun._____

What area of the city do you prefer? South _____ Southeast _____

North _____ Northeast _____

Do you prefer to teach: Male _____ Female _____ Doesn't matter_____

Do you have a car available? Yes _____ No _____

What personal satisfaction do you expect to receive from volunteer work? _____

_____

What is the main reason you volunteered to be a tutor? _____

_____

How did you hear about the Grand Valley State College Right to Read Academy? _____

_____

TUTOR/VOLUNTEER APPLICATION FORM

Name _____ Date _____

Home Address _____ Phone _____
street city state zip

Age _____ Sex _____ Race _____ Marital Status _____ No. children at home _____

Last grade completed in school _____ Are you working on a degree _____

How far along are you? _____

Where employed _____ Business Phone _____

Have you ever taught adults? _____ Examples of experience _____

_____

Other related experiences _____

Spouse's name _____ Place of employment _____

Special skills or interests _____

To what organizations do you belong? _____

Can you tutor twice a week (1 - 1 1/2 hrs. each session)? _____

When are you available to tutor? Day _____ Evenings _____

What means of transportation do you have? _____

How did you hear of our program? _____

Can you volunteer in other ways? _____

Typing _____ Speaking _____

Office _____ Transportation _____

Phone _____ Baby-sitting _____

Door-to-door ____ Other _____

TUTOR/VOLUNTEER APPLICATION FORM

Name _____ Birthdate _____

Home Address _____ Phone _____
street city state zip

Employer _____ Phone _____

Business Address _____

Last School Attended _____ Degree _____

Health Status (explain any serious problems) _____

_____

Work Experience: Employer Job Description

_____ _____

_____ _____

_____ _____

Have you ever tutored anyone? Yes _____ No _____ If yes, describe _____

_____

Indicate the days and time you are available for tutoring - (Please check)

Monday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____
Tuesday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____
Wednesday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____
Thursday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____
Friday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____
Saturday _____	3-5 _____	5-7 _____	7-9 _____	3-6 _____	6-9 _____

Minimum number of hours per week expected to serve in project - 3 to 5

Minimum number of months expected to serve in project - 4 to 6

Do you have your own transportation? Yes ___ No___

_____
Signature

TUTOR/VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS _____
Street City State zip

Work Experiences Applicable to this Position, i.e., Tutoring, Teaching

Counseling, Volunteer Work: _____

_____

_____

_____

Educational Background: _____

_____

_____

Highest Level Completed _____

Currently Working on Degree? yes _____ no _____

If Yes, What Area _____

Presently Employed? yes _____ no _____

If Yes, Where? _____

Have You Had Any Courses in the Teaching of Reading? _____

yes _____ no _____ Graduate _____ Undergraduate _____

Please List _____

_____

Please List any Specific Hobbies or Interests _____

_____

How Many Hours a Week Can You Work? _____

List specific times, if any, that you will not be available _____

_____

see page 2

Will you have your own transportation? yes ___ no ____

Do you have a preference as to a specific area of the city? _____

_____

VOLUNTEER/TUTOR WELCOME FORM

Dear Volunteer,

Welcome to the Academy! Your participation is the most important reason for our success! On behalf of the Reading Academy Satellite Program, we extend to you an invitation to participate in the formal training program for tutors.

Although we will continue to work with each of you individually, in the coming months we will be conducting a series of workshops for you to attend. On these occasions you will have the opportunity to learn many new skills - how to teach reading to students of varying abilities, how to diagnose reading difficulties - and to practice with other tutors those techniques you have already learned. You may also wish to become certified in any of the following designations:

--Apprentice Tutor
--Tutor in Reading for Adults
--Master Tutor of Adults

You will also have the chance to develop your own materials for adult reading, and perfect them here, at the Academy. As a tutor you will have access to the Reading Academy Library.

The tutor training program is free to you, and is designed to be of benefit and interest to you. Attached is a schedule with brief descriptions of tutor training sessions.

We look forward to working with you in our effort to help people read.

Sincerely,

SECTION D

I. CONTRACT FORMS. . . . . D-1 - D-4

TUTOR/VOLUNTEER CONTRACT FORM

I, _____, agree to work _____ hours a week for the next four months as a tutor in the Right to Read Program. I will attend the necessary training sessions, accept assistance and advice from the Project Director and Counselor, and attempt to tutor my students as best I can, protecting their integrity at all times.

The hours that I will be tutoring for the next six months are:

_____	_____	_____
_____	_____	_____
DAY	TIME	STUDENT's NAME

I am aware that the Project Director and Counselor are available to render any assistance needed and will contact them in the event any problems or questions arise regarding my tutoring.

_____
NAME

_____
DATE

TUTOR/VOLUNTEER CONTRACT FORM

AS A STUDENT (name)_____, I hereby agree to conduct my tutoring at _____ for____hours per week for the time period of_____.

IMPORTANT: AS PART OF THIS CONTRACT, I AGREE TO FILE AN EVALUATION REPORT OF MY EXPERIENCE AND TO SUBMIT THE REVISION QUESTIONNAIRE TO MY FACULTY SPONSOR.

_____
STUDENT SIGNATURE

AS SUPERVISOR to the above named student, I hereby agree to guide his/her work done under my direction and attempt to foster a close relationship between the work experience and the student's academic program.

_____
SUPERVISOR SIGNATURE

AS FACULTY SPONSOR to the above named student, I hereby agree to monitor the Contract, assess its progress, attempt to integrate it into his/her overall educational development, and GRANT_____CREDITS for the Off-Campus experience.

_____
FACULTY SIGNATURE

WE ALL HEREBY AGREE TO ATTEND A JOINT MEETING ARRANGED BY THE STUDENT IN ORDER TO ESTABLISH A CLOSE WORKING RELATIONSHIP DURING THE INTERNSHIP.

DATE_____ TIME_____ PLACE_____

_____ _____ _____
STUDENT AGENCY SUPERVISOR FACULTY SPONSOR

APPROVED_____
DIVISIONAL CHAIRPERSON

TUTOR/VOLUNTEER CONTRACT FORM

I _____ agree to become a participant in the Reading Academy in the capacity of a reading student. I have been assigned to work directly with _____, _____ days per week on _____, and _____between the hours of _____ and _____. I agree to complete the sequence of reading skills deemed essential in strengthening my areas of weakness and shall remain a part of the program until that date. I will inform the staff of extenuating circumstances which interfere with my participation in the program.

Test results and all information gathered is confidential and shall be available only for the use of the Reading Academy staff and for purposes of successful instruction.

I will feel free to utilize any and all resources of the Reading Academy within the period of the aforementioned hours. In keeping within the security requirements of the site location, I will maintain my schedule for class attendance.

Name_____

Witnessed by _____

Date _____

CLIENT CONTRACT FORM

I, _____, agree to participate as a student in the Right-To-Read Program sponsored by the Grand Valley State Colleges. The hours that I will be participating for the next four months are:

_____ _____

_____ _____

DAY TIME

I agree to attend these sessions. If I am unable to attend because of illness or emergency, I will notify my tutor in advance and set up a make-up session if possible.

I am aware that the Project Director and Assistant Director are available for counseling and help and will contact them in the event that any problems or questions arise regarding my tutoring.

_____

NAME

_____

DATE

SECTION E

I. ATTENDANCE RECORD FORMS. . . . . .E-1 - E-9

STUDENT ATTENDANCE FORM

Student's Name (Last, First, Middle Initial)	Student's Entry Level	IMC Area

Date	Hours	Date	Hours	Date	Hours	Date	Hours
Sub Total		Sub Total		Sub Total		Sub Total	
Sub Total		Sub Total		Sub Total		Sub Total	

White - GVSC Office
Yellow - Area Office
Pink - Student Copy

TOTAL _____

STUDENT ATTENDANCE FORM

Student's Name (Last, First, Middle Initial)	Student's Entry Level	IMC Area

Date	Hours	Date	Hours	Date	Hours	Date	Hours
Sub Total		Sub Total		Sub Total		Sub Total	
Sub Total		Sub Total		Sub Total		Sub Total	

White - GVSC Office
Yellow - Area Office
Pink - Student Copy

TOTAL _____

STUDENT ATTENDANCE ABSENCE FORM

TUTORING PROGRAM

To: _____
(Name of Therapist)

From: _____
(Name of Teacher)

Re: _____
(Name of Student)

Date:

The above named student did not attend classes last week.

GRAND-VALLEY STUDENT ATTENDANCE REPORT FORM

_____

STUDENT'S NAME

YOUR CLASS TIME IS _____

DAY _____

THANK YOU,

Faite Mack
Director

TUTOR/VOLUNTEER ATTENDANCE FORM

Name _____ Location _____ Report Date _____

Number of local site days _____ Equal to _____ training hours.

CONTACTS:	No.	Hrs.	WRITING:	No.	Hrs.	APPLICATION:	No.	Hrs.
People	___	___	Resume	___	___	Testing	___	___
Organizations	___	___	Newspaper	___	___	Instructional	___	___
Site Location	___	___	Flyer	___	___	Other _____	___	___
Follow ups	___	___	Handout	___	___	Other _____	___	___
Telephone	___	___	Module	___	___	Other _____	___	___
Other _____	___	___	Other _____	___	___	Other _____	___	___

REFERRALS OBTAINED:

People _____

_____

_____

_____

_____

Other Agents _____

_____

_____

_____

TYPES OF RESPONSES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

THINGS I HAVE LEARNED:

_____

_____

_____

_____

_____

_____

_____

_____

_____

THINGS I AM UNCERTAIN OF:

_____

_____

_____

_____

_____

_____

_____

_____

_____

E-4

STAFF TIME RECORD FORM

NAME _____ JOB TITLE _____ PERIOD COVERED _____

DATE	HOURS	ACTIVITIES	HOURS WORKED	COMP. GAINED	COMP. TAKEN	SICK	ANNUAL TAKEN	LEAVE	SPECIAL DAY
SUN	IN LUNCH OUT								
MON	IN LUNCH OUT								
TUES	IN LUNCH OUT								
WED	IN LUNCH OUT								
THURS	IN LUNCH OUT								
FRI	IN LUNCH OUT								
SAT	IN LUNCH OUT								
		TOTALS							

COMP. TIME			SICK LEAVE			ANNUAL LEAVE		
GAINED	USED	LEFT	GAINED	USED	LEFT	GAINED	USED	LEFT

PAY FOR _____ HOURS

EMPLOYEE'S SIGNATURE _____ APPROVED BY _____

E-5

TUTOR/VOLUNTEER ATTENDANCE FORM

Volunteer/Trainee Attendance Record

Tutor_____

Center Site_____

Name_____ Date of Entry_____

Address_____ Discussion Group_____

Telephone: Home_____ Business_____

Attendance Period: Beginning_____ Ending_____

ATTENDANCE RECORD

DAY	DATE	IN	OUT	TOTAL TIME
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				
Coordinator/tutor Remarks			_____hrs.	

DAY	DATE	IN	OUT	TOTAL TIME
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				
Sun.				
Coordinator/Tutor Remarks			____ hrs.	

I certify that I spent the above noted times in instructional sessions and that these times have been recorded accurately in accordance with the actual time spent.

_____ _____

Coordinator/Volunteer/Tutor Signature/Date Trainee's Signature Date

WEEKLY ATTENDANCE FORM

Contract Learning Students

	SESSION DATES						
	Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Total
DATE							
HOURS							
NAME							

TUTOR/VOLUNTEER ATTENDANCE RECORD

NAME _____ ADDRESS _____

PHONE _____ TOTAL HOURS SERVED _____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																

TUTOR/VOLUNTEER SCHEDULE FORM

Name: _____

Days and Times Available:

A.M.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9						
10						
11						
12						
P.M.						
1						
2						
3						
4						
5						
6						
7						
8						

SECTION F

I. CLIENT ASSESSMENT FORMS. . . . . .F-1 - F-18

STUDENT RECORD FORM

1-4 EHRC Chart #

5-23 Name (last name first)

24 Blank

25 Addiction

26-27 Age

28 Race

29-30 Highest Grade Completed

31 Campus: Satellite 1, Day School 2, Not EHRC 3, Other 4

32 Goal: GED 1, Less 2, More 3

33 Referral: Self 1, Voc Rehab 2, Other 3

34 Blank

35-40 Admission Date

41 Blank

42-47 Enrollment Date

48 Blank

49-54 Discharge Date

55 Blank

56-58 # Days between Adm. Enrl.

59 Blank

60-62 # Days Enrolled

63 Blank

64-66 # Days in treatment (on campus only)

67 Blank

68 Type Discharge Residency
1 = TC
2 = AWOL
3 = AMA
4 = WC
5 = All Other

69 Type Discharge Candidacy
1 = TC
2 = AWOL
3 = AMA
4 = WC
5 = All Other

70 Blank

71 Further Program:
Day =1
Night =2
Family House =3
YMCA =4
=5
NSH =6
Other =7

72-76 Blank

77 Card number 1

78-80 Project E R A

F-1

1 - 4

STUDENT RECORD FORM - page 2

Chart #

ATTENDANCE

5-6 # Individual Sessions

7-8 # Group Sessions

9-10 Total # Sessions

INTAKE TEST RESULTS

		11-13	Month given 14-15
Gates		16-18	22-23
Scat	V	19-21	
	Q		
Selectable		24-25	26-27
Able	R	28-30	34-35
	M	31-33	36
			Blank

FOLLOW-UP TEST RESULTS

	37-38	Month given 39-40
Selectable	41-43	47-48
Able	44-46	49
		Blank

BEHAVIORAL OUTCOMES

1 = yes 2 = no

50-51	52	53	54	55
Month	Abstinent	Working	School	Voc.Trng.

OTHER SPECIFIC ACHIEVEMENTS

56 GED

1 = yes 2 = no

57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

Write in any other: Use no more than 20 letters

77 Card # 2

78-80 E R A

INITIAL DIAGNOSTIC INTERVIEW AND TESTING FORM

I. OBJECTIVES: These interviews and tests will be useful in providing data for:

a. Placement of student in proper program, level, materials.

b. Identification of student needs and goals.

c. Development of instructional materials.

d. Measuring student progress.

II. TYPES:

a. Diagnostic testing to determine levels in both reading and speaking English, (not included here).

b. Historical data (i.e., schooling, employment data, family, culture, economic level, religious affiliation, health): Student Referral Sheet.

c. Initial Interview: see Diagnostic Interview Guidelines, E #1, pages 2 and 3.

Note: All data shall be kept confidential.

Student _____
Interviewer _____

GENERAL AREAS:

1. WORLD VIEW:

a. Where has student lived during life to this point? _____

_____

b. What is life like in student's culture? _____

_____

c. What educational experiences has student had? _____

_____

d. What jobs has student had? _____

e. What was student's family like when growing up? _____

_____

f. What is student's present family life like? _____

_____

g. Does student function well in environment in which he or she is living? (travel, shopping, work, play) _____

_____

h. Does student have religious beliefs? _____

_____

i. What is student's awareness of local and national governments?

_____

j. What things in present life are of significant value to student?

_____

k. Has student had traumatic or disappointing experiences in past or present? _____

_____

l. What is frustrating to student at present? _____

_____

m. What joys, pleasures, satisfactions, hobbies, or friends does student have at present? _____

_____

n. Does student feel deprived in any way? _____

_____

o. Does student demonstrate: confidence, positive self-image, apathy, motivation, resentment, eagerness to learn, shyness or opposites?

_____

_____

p. Does student demonstrate any fears? _____

2. EXPLANATION OF FAIR OBJECTIVES AND METHODS OF STUDY:

a. Teach basic literacy skills. (Benefits to accrue. Examples of use of skills.)

b. Sequencing and pacing to student needs.

c. Sample instructional materials and lesson.

d. "Case histories".

e. Immediate results.

3. STUDENT NEEDS AND GOALS:

A. How does student view the future?

1) Educational opportunities? _____

2) Employment opportunities? _____

3) Housing conditions? _____

4) "Doing something worthwhile or exciting"? _____

_____

5) Care of family (if any)? _____

6) Ability to function in society? _____

7) Hobbies, pleasures, etc.? _____

_____

B. Is there any place student would like to live? _____

_____

C. What is student's preference for job? _____

_____

D. Does student need or desire any special skills or training? (needed for work and/or pleasure) _____

_____

E. If there were no limitations on student, what would he or she choose to do?

_____

4. NEGOTIATION OF TUTORING SCHEDULE AND (STUDENT/TUTOR-GUIDED) OBJECTIVES.

_____

_____

_____

ASSESSMENT RECORD FORM

Measurement Devices	Date	Results	Remarks
Other Information			

F-7

DIAGNOSTIC EVALUATION FORM

STUDENT _____ DATE _____

REFERRED BY _____

GOALS/REASONS FOR WANTING TO READ BETTER

General Reading Performance

I. Physical factors (finger pointing, lisping, stuttering, poor articulation..)

II. Phonics Analysis	Adequate	Needs Help
A. Knowledge of letter names	_____	_____
B. Initial consonants	_____	_____
C. Consonant blends	_____	_____
D. Short Vowels	_____	_____
E. Long vowels	_____	_____
F. Vowel diagraphs and dipthongs	_____	_____

III. Structural Analysis	Adequate	Needs Help
A. Affixes (prefixes, suffixes)	_____	_____
B. Compound words	_____	_____
C. Contractions	_____	_____

IV. Types of Errors Made	Yes	No
A. Additions	_____	_____
B. Omissions	_____	_____
C. Substitutions	_____	_____
D. Repetitions	_____	_____
E. Hesitations	_____	_____
F. Words pronounced with help	_____	_____
G. Disregard of punctuation	_____	_____
H. Reversals	_____	_____

V. Comprehension	Adequate	Needs Help
A. Recalls facts	_____	_____
B. Draws inferences	_____	_____

VI. Rate (word by word, too fast...)	Adequate	Needs Help

VII. Grade Equivalency

_____ Accuracy _____ Words per Minute

_____ Comprehension

READING SURVEY FORM

Name _____ Age _____ Grade _____
School _____ Teacher _____ Date _____
Intern _____ Supervisor _____

Test Administered Date

Results (based upon potential)

Sight Vocabulary (recognition)
____ Above average ____Average
____ Below average
____1 grade ____ 2 grades ____3 or more grades

Word Attack
____Above average ____Average
____Below average
____1 grade ____2 grades ____3 or more grades

Comprehension
____Above average ____Average
____Below average
____1 grade ____2 grades ____3 or more grades

General Reading
____Above average ____Average
____Below average
____1 grade ____2 grades ____3 or more grades

Reading Grade Levels

	Word Recognition	Comprehension
Independent	_____	_____
Instructional	_____	_____
Frustration	_____	_____
Capacity (Listening)	_____	_____

Diagnosis: (Weaknesses checked)

Abilities:

_____Vision
_____Hearing
_____Speech
_____Letter recognition
_____Sound blending
_____Structural analysis
_____Sight vocabulary
_____Letter sounds

_____Word Attack
_____Visual Disc.
_____Visual Memory
_____Auditory Disc.
_____Finding facts
_____Retaining facts
_____Relating facts
_____General Comprehension

_____Interpretation
_____Making generalizations
_____Predicting Outcomes
_____Expressing

Habits:

_____Word-by-word reading
_____Vocalization
_____Skipping words
_____Substituting words
_____Disregard for punctuation
_____Mispronunciation of words
_____Extremely slow reader
_____Inattention

_____Lip movements
_____Reversals
_____Inaccurate return sweep
_____No inflection of voice
_____Repetition of words
_____Skimming without understanding
_____Overanalytic reader
_____Guessing at meaning

Remediation Plan

READING SKILLS CHECK-OFF FORM

NAME _____ ENTERING SCORES: FINAL SCORES:

VOCABULARY _____ _____

READING CLASS _____ COMPREHENSION _____ _____

TOTAL _____ _____

To the Student:
The skills that you need to work on in reading will be checked off on this sheet in our first conference. Then, as you work on these skills, you will also note this on the sheet. When you have completely learned the skill, that skill will be starred.

PART ONE: PHONICS SKILLS

SKILL	NEEDS WORK	1st LESS.	2nd LESS.	3rd LESS.	4th LESS.	COMPLETED
I. Introduction						
A. Patterned & irregular words						
B. Vowels & consonants						
C. 3 kinds of syllables						
II. Syllabication						
A. Every syllable must have a vocal vowel						
B. The 2 basic rules of syllabication						
C. Third rule: regarding blends & diagraphs						
D. Fourth rule: prefixes and suffixes						
E. R stays with its vowel						
III. Accent						
A. In two-syllable words						
B. In three-syllable words						
C. In four-syllable words						
D. In larger words						
IV. Consonants						
A. Knowing all the regular consonants						
1.						
2.						
B. Differentiating similar consonants						
1. b/d						
2. m/n						
3. f/v						
4. other						
C. Irregular consonants						
1. c						
2. g						
3. s						
4. qu						
D. 2-letter consonants						
1. diagraphs						
a. th						
b. sh						
c. ch						

SKILL	NEEDS WORK	1st LESS.	2nd LESS.	3rd LESS.	4th LESS.	COMPLETED LESSON
2. blends						
a. -r blends						
br						
cr						
dr						
fr						
gr						
pr						
tr						
b. -l blends						
bl						
cl						
fl						
gl						
pl						
sl						
c. -s blends						
sc						
sk						
sl						
sm						
sn						
sp						
st						
sw						
d. tw						
e. 3-letter blends						
spr						
scr						
str						
spl						
thr						
shr						
3. Knowing the difference between a blend and a diagraph						
V. Vowels - Part I - 1 letter vowels						
A. The 5 basic short vowels						
1. ă						
2. ĕ						
3. ĭ						
4. ŏ						
5. ŭ (2 sounds)						
B. The 5 basic long vowels						
1. ā						
2. ē						
3. ī						
4. ō						
5. ū (2 sounds)						
C. y as a vowel						
1. in the middle of a word						
2. at the end of a word						
VI. Vowels - Part II - 2 letter vowels						
A. The dipthongs						
1. ow/ou						
2. aw/au						
3. oy/oi						
B. o͞o and o͝o						

SKILL	NEEDS WORK	1st LESS.	2nd LESS.	3rd LESS.	4th LESS.	COMPLETED LESSON
VII. Vowels - Part III - Vowels influenced by W,L,S and R						
A. Vowels influenced by						
a. W						
b. L						
c. S						
B. Vowels influenced by R						
a. short vowels + r						
ar						
ir-er-ur						
b. long vowels + r						
are/air						
ere/eer/ear						
ire						
ure						
c. or - ore						
d. comparing r blends with vowels + r (ex.: per/pre)						
VIII. Phonetically irregular endings suffixes)						
A. The "shu" family						
B. The -le family						
C. -al = al						
D. "Sloppy" endings						
E. -tu = chu & -du = ju						
F. other:						
IX. Dictionary Symbols						
A. Long and short vowels						
B. Letters that make 2 sounds						
1. c						
2. g						
3. s						
4. ū						
C. Silent letters						
D. Syllabication & accent						
E. qu- = kw-						
F. Dipthongs						
G. Vowels with r						
X. Foreign words						
A. Greek						
1. ph=f						
2. ps-, pn- & eu-						
3. ch=k						
4. sc-						
5. y						
B. French						
1. ch=sh						
2. -gue and -que						
3. eau=ō						
XI. Irregular words						
A. Words with -gh						
B. Silent patterns (ex: kn-)						
C. -ow and -ew as in know & new						
D. commonly confused irregular words (ex.: though & through)						
E. Principles in forming irregular words:						
1. reversal						
2. sloppiness						

CLIENT INTEREST INVENTORY FORM

Name _____ Date _____

1. What sports do you like to play? (Circle the answer)
   What sports do you like to watch? (Underline the answer)

   a. Roller skating
   b. Skiing
   c. Football
   d. Baseball
   e. Basketball
   f. Swimming
   g. Bowling
   h. Horseback riding
   i. Boating

2. Do you have pets? What kinds? _____

   _____

3. Do you collect things? _____

   a. Foreign money
   b. Stamps
   c. Rocks
   d. Butterflies
   e. Dolls
   f. _____(other)

4. Do you have hobbies and pastimes? (Circle the answers)

   a. Writing letters _____
   b. Sewing or knitting _____
   c. Dancing
   d. Singing or playing a musical instrument _____
   e. Playing cards _____
   f. Working on cars _____
   g. Repairing things _____
   h. Drawing _____
   i. Driving a car _____
   j. Cooking _____
   k. Making things with tools _____
   l. Experimenting in science _____
   m. Going for walks _____
   n. Fishing _____
   o. Making things _____
   p. Other _____

5. Suppose you could have one wish which might come true; what would you wish for? _____

   _____

6. What school subject did you like best? _____

7. What school subject did you like least? _____

8. What is the best book you ever read? _____

9. Do you enjoy reading? _____

10. Do you like someone to read to you? _____ Who? _____

11. How much time each day do you spend reading? _____

12. Did your parents encourage you to read at home? _____

13. What are the names of some books you have been reading lately? _____

_____

14. Do you have a card for the public or school library? _____

15. How many books do you have of your own? _____

16. How many books have you borrowed from friends during the last month? _____

(Give their titles) _____

17. How many books have you loaned to friends during the last month? _____

(Give some titles) _____

18. About how many books do you have in your home? _____ Give titles of some_

_____

19. From what sources, other than your home, libraries and friends, do you obtain books?

a. Buy them _____ c. Rent them _____
b. Gifts _____ d. Exchange _____

20. What kinds of reading do you enjoy most? (Circle the answer)

a. History
b. Travel
c. Plays
d. Essays
e. Adventure
f. Science
g. Poetry
h. Novels
i. Detective stories
j. Fairy tales
k. Mystery stories
l. Biography
m. Music
n. Other _____

21. What newspapers do you read? _____

22. What sections of the newspaper do you like best? (Circle)

a. Sports
b. Funnies
c. Stories
d. News
e. Editorials
f. Other _____

23. What magazines are received regularly in your home? _____

_____

24. Name your favorite magazine _____

25. Name the comic books you read _____

26. Where do you get your magazines and comic books? _____

_____

CLIENT INTERESTS AND ACTIVITIES FORM

Name _____ Age _____

Date _____ Tutor _____

1. When you have an hour or two to spend just as you please, what do you like to do best?

2. With whom do you like to have fun? Why? When?

3. What do you and your friends like to do together?

4. What do you like to do alone?

5. To what clubs or groups do you belong? Tell about their activities.

6. Where have you traveled?

7. What kind of movies or television programs do you like the best? Why?

8. What stories or kind of books do you enjoy the most? Why are these your favorites?

9. Do you like to read? Why or why not?

10. Tell about your home life. What do you enjoy doing with your family?

11. Describe the members of your family so that I would know them if I met them.

12. What regular responsibilities do you have? Tell about them.

13. How do you get your spending money? What do you do with it?

14. If you could have three wishes granted, for what would you wish? Why?

15. Of what things are you afraid?

16. What things can you do better than most people?

17. If you could be someone other than yourself, who would you like to be? Why?

COUNSELING RECORD FORM

Student's Name	Student's Level	IMC Area

I. Decision and Instructional Plan

A. Short Range Goal _____

B. Long Range Goal _____

II. Outline of Instructional Plan

III. The Following May Affect Attendance:

____Employment Schedule ____Care of Other Family Members ____Physical Health

____Child Care Problems ____Transportation Problem ____Other_____
explain

IV. Counseling Record and Log

Dates	Comments	Counselor

White - Office Copy
Yellow - Area Office
Pink - Student Copy

SECTION G

I. TUTOR/VOLUNTEER INSTRUCTIONAL FORMS. . .G-1 - G-14

TUTOR/VOLUNTEER REPORT FORM

Name, number, and best contact time. / Monthly data questions.	How many times were you able to meet with your student this month?	What were the reasons or problems that kept you from meeting?	What did the last lesson cover?	Other information. (instructional log, new materials, suggestions for ARAP, special problems, etc.)

LESSON FORMAT FORM

Date _____ Student _____

Place _____ Time _____

Student is (ready for, working on) Lesson _____ in Skill Book _____

Specific needs of student _____

_____

_____

Your plans for meeting the student's needs _____

_____

_____

After the lesson

Student completed pages _____ of Lesson _____.

Your evaluation of the methods and materials you used to teach lesson and to meet specific needs _____

_____

_____

Student's reaction, attitude _____

_____

Ideas you may develop for next lesson _____

_____

_____
(teacher)

LESSON FORMAT FORM

Student _____ Tutor _____ Date _____

METHOD/MATERIALS	GOALS AND PROCEDURES	EVALUATION
Skill Books Language Experience Stories Vocabulary Development List Skills Development Reading for Fun		
Subjects to Review Personal Observations Supplies Needed		

INSTRUCTIONAL LOG FORM

Student's Name _____ Tutor's Name _____

Day _____ Date _____		Day _____ Date _____	
Day _____ Date _____		Day _____ Date _____	
Day _____ Date _____		Day _____ Date _____	
Day _____ Date _____		Day _____ Date _____	
Day _____ Date _____		Day _____ Date _____	

G-4

LESSON PLAN FORM

Intern's name _____ School _____ Date _____

Grade _____ Supervisor _____

ADULT	Instructional Level	Main Problems
_____	_____	_____
_____	_____	_____
_____	_____	_____

Objective(s) of Lesson:

Materials/Methods:

Evaluation:

Reading Skill:

Objective:

Materials:

Procedure:

1. Introduction

2. Practice Activity

Evaluation:

1. Were directions adequate? _____
2. Was the objective achieved? _____
3. Is more practice needed? _____
4. Was the client interested? _____

Suggestions for Follow-up:

CLIENT'S TUTORING INFORMATION FORM

Name _____

Address: _____
street city state zip

Phone number: _____

Date Entered Program _____

Materials to be used _____

_____

Tutor's Name _____

Address: _____
street city state zip

Phone number: _____

Tutoring Center _____

Time and Days of Tutoring Sessions _____

_____

_____

INTERVIEWED BY: _____

DATE: _____

TUTOR/VOLUNTEER REPORT FORM

Name _____ Location _____ Date _____

TESTING:	No.	Hrs.	New Contacts:	No.	Hrs.	Other Activities: (follow-up, modules, etc.)
Entry	___	___	People	___	___	_____
Progress	___	___	Organizations	___	___	_____
Post	___	___	Telephone	___	___	_____
Special	___	___	Personal	___	___	_____

STUDENT INFORMATION

New:

Name	Age	Level	Hrs.

Continuing:

Location	No.	Hrs.

Drops:

Name	Level	Reason

Payroll Information: Instruction Hrs. _____ Staffing Hrs. _____ Mileage _____

RECRUITER CONTACTED:

NAME	Address/Phone	Remarks

C-8

TUTOR/VOLUNTEER REPORT FORM

Right-to-Read Monthly Report

Month of _____

Number of Students Being Tutored _____

Age Bracket of Students:

16-25 _____ 26-32_____ 33-40 _____ 41-50 _____ over 50____

Students Name	Address	Hour(s) Tutored
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Problems Encountered:

Did your students welcome you into his or her home to be tutored?

yes_____ No_____

Signature _____ Date_____

Area_____

TUTOR/VOLUNTEER PROGRESS REPORT FORM

TUTOR'S NAME: _____

ADDRESS: _____ PHONE: _____

INITIAL CONTACT: Date: _____ Referred by: _____

TRAINING SESSION DATES:

Session 1: _____

Session 2: _____

MATCHED WITH STUDENT:

Student's name: _____

Date: _____

Student's name: _____

Date: _____

Student's name: _____

Date: _____

TUTOR'S TERMINATION DATE: _____ WHY? _____

_____

COMMENTS: _____

_____

_____

TUTOR/VOLUNTEER REPORT FORM

STUDENT'S NAME:

TUTOR'S NAME:

DATE AND TIME OF CONTACT:

WHAT WAS DONE DURING THE LESSON:

PROGRESS NOTED:

PROBLEMS NOTED:

RESPONSE OF STUDENT DURING TUTORING SESSION

Acceptance	Rejection	Describe Briefly:
Excitement	Apathy	
Hostility	Friendliness	
Independence	Dependence on Tutor	
Confidence	Fearfulness	
Optimism	Pessimism	
Other: _____		

DID STUDENT REPORT ANY PERSONAL PROBLEMS THAT MAY INTERFERE WITH TUTORING PROGRAM DESCRIBE:

DID STUDENT TELL YOU OF ANY PROBLEMS IN HIS/HER "DAILY ROUND" OF ACTIVITIES? WHAT ARE THEY?

DATE, TIME & PLACE OF NEXT LESSON:

PLAN FOR NEXT LESSON:

(Use other side if more space is needed)

TUTOR/VOLUNTEER PROGRESS REPORT FORM

Adult Reading Academy

Student's Name_____

Tutor's Name _____

Times met:

Date	Hour	Place	Comments

TUTOR/VOLUNTEER LOG FORM

Tutor's Name _____

Student Name _____

Day-Date _____

Time _____

Materials Being Used:

Accomplishments: (what you did)

Objectives: (what you plan to do at the next session)

TUTOR/VOLUNTEER LOG FORM

Name of Tutor (last, first, middle initial)	telephone	Area
Address (Street, City, State, Zip)	Group Representing	

Date	Number of Hours	Student Tutored	Content or Method

White - GVSC Office
Yellow - Area Office
Pink - Tutor

SECTION H

I. EVALUATION FORMS. . . . . H-1 - H-19

14. As instructor, I:

a. Show interest in student's outside activities 1 2 3 4 5

b. Give guidance to students in other endeavors when requested. 1 2 3 4 5

c. Show interest in absent student. 1 2 3 4 5

d. Provide personal consultation with students concerning their progress. 1 2 3 4 5

e. Provide supplementary materials for use by students. 1 2 3 4 5

f. Provide ample time for independent study. 1 2 3 4 5

g. Utilize audio-visual materials and equipment. 1 2 3 4 5

h. Help plan for and am active in staff meetings. 1 2 3 4 5

i. Use assistance of professional personnel. 1 2 3 4 5

j. Have added to my professional growth by the following methods:

--Joining and participating in professional organizations. 1 2 3 4 5

--Being aware of recent adult education and reading research 1 2 3 4 5

--Reading professional literature and journals. 1 2 3 4 5

--Attending available workshops and conferences. 1 2 3 4 5

--Taking organized adult education and reading courses. 1 2 3 4 5

k. Development of class standards for attainment are based individual abilities. 1 2 3 4 5

Evaluations:

(B)

Scale for Evaluation

5 - excellent
4 - very good
3 - good
2 - fair
1 - poor

a. My planning and preparation for instruction is adequate. 1 2 3 4 5

b. My instruction is adapted to the needs of individual students. 1 2 3 4 5

c.	Resources from the local community are used as needed.	1	2	3	4	5
d.	My teaching methods in the program are appropriate.	1	2	3	4	5
e.	The content of my course offerings is appropriate to needs of adult students.	1	2	3	4	5
f.	My holding power is good.	1	2	3	4	5
g.	I help students to attain their objectives or goals.	1	2	3	4	5
h.	I have met the needs of my students.	1	2	3	4	5
i.	I prefer to evaluate my own professional performance.			yes		no
j.	I would prefer to have a program official to evaluate my professional performance.			yes		no
k.	I would prefer to have a fellow tutor/volunteer evaluate my professional performance.			yes		no
l.	I would prefer a committee of fellow staff to evaluate my professional performance			yes		no

EVALUATION OF FIELD-SUPERVISOR FORM

Name of Supervisor _____ Section_____ Date_____

Answer in detail the following questions:

1. How well do you and the supervisor communicate?

_____

_____

_____

2. How do you feel about the general rapport between you and the supervisor?

_____

_____

_____

3. How adequate is supervision in terms of both quantity and quality?

_____

_____

_____

4. How helpful has the supervisor been to you in your teaching internship?

_____

_____

_____

5. How knowledgeable is the supervisor concerning the general reading process?

_____

_____

_____

6. How helpful has the supervisor been in suggesting materials and methods?

_____

_____

Use the space below and the back of this sheet, if necessary, to comment specifically on any other aspects of your teaching internship.

VOLUNTEER/TUTOR EVALUATION OF PROGRAM FORM

READING ACADEMY

Volunteer:

1. How many hours did you work weekly? _____

2. Briefly describe what you did as a volunteer _____

_____

3. Were you placed according to your interests and abilities? yes___ no ___

_____

_____

4. Did you have good rapport with the client? yes ____ no _____

How was it evidenced? _____

5. Did you have good rapport with the staff? yes ____ no _____

How was it evidenced? _____

6. Did you receive adequate training before your assignment? yes____no____

Comments _____

7. Did you receive satisfactory training during your assignment? yes___no____

Comments _____

8. In what areas were you the most help to the client? _____

_____

9. What skills and techniques were most useful during your assignment?

_____

10. In what areas were you the least help to the client? _____

_____

11. What additional skills and techniques do you need? _____

_____

12. Was your on-the-job supervision satisfactory? Yes ____ No ____

Comments _____

_____

13. Do you plan to continue as a volunteer? yes ____ no ____ Why? _____

_____

_____

14. How do you think the program can be improved? (Please be specific)

_____

_____

_____

TUTOR/VOLUNTEER SELF-EVALUATION FORM

How am I Doing??????????

1. Do I plan for the activity to which I have been assigned thoroughly, hit and miss or just doing something?

2. Do I observe closely so as to know clients likes, dislikes, preferences, enthusiasms, aversions, etc.?

3. Do I find opportunities for giving the client choices or do I tell the client what to do?

4. Have I given some individual help in writing?

5. Do I observe closely the techniques used by the staff, and follow through when I am working with the client?

6. Do I really listen to what the client has to say?

7. Do I evaluate myself at intervals?

8. Do I accept criticisms and suggestions without becoming emotionally upset?

9. Do I follow directions of the staff?

10. Do I try to develop a friendly attitude with staff, clients and other volunteers?

11. Do I give the staff adequate notice of absences by reporting them to the office before the day begins?

12. Do I realize that my whole purpose for being in the program is to help the client progress more rapidly?

13. Do I give too much help to the client rather than allowing him - her time to think?

14. Do I give positive criticism of the staff and client?

(This self-evaluation form can be used at any point during a program. It can be used to suggest areas in which joint volunteer-professional training is needed.)

TUTOR/VOLUNTEER SELF-EVAULATION FORM

TUTOR's NAME _____ DATE _____

ADULT NAME _____

SELF-RATING _____

		(total)
1. Rapport with adult and ability to motivate.	5 4 3 2 1	_____
2. Ability to beware of reading difficulty.	5 4 3 2 1	_____
3. Ability to plan remediation based on diagnosis.	5 4 3 2 1	_____
4. Ability to use instructional methods and techniques.	5 4 3 2 1	_____
5. Ability to implement methods and materials.	5 4 3 2 1	_____
6. Lesson plans.	5 4 3 2 1	_____
7. Motivation level of adult.	5 4 3 2 1	_____
8. Communication and relationship with adult.	5 4 3 2 1	_____
9. Willingness to try suggestions given.	5 4 3 2 1	_____
	TOTAL----	_____

ATTENDANCE: _____ Excellent _____ Fair _____ Poor

Comments:

VOLUNTEER/TUTOR EVALUATION OF PROGRAM FORM

Volunteer _____

1. How many hours did you work weekly? _____

2. Briefly describe what you did as a volunteer. _____

_____

3. Were you placed according to your interests and abilities? yes ___ no___

Comment: _____

_____

4. Did you have good rapport with the adults? yes ___ no ___ How was it evidenced?

_____

_____

5. Did you have good rapport with the teachers? yes ____ no ____ How was it evidenced?

_____

6. Do you think you received adequate training before your assignment? yes ___ no ___ Comment: _____

_____

7. Did you receive satisfactory training during your assignment? yes ____ no ____ Comments: _____

_____

8. What skills and techniques were most useful during your assignment? _____

_____

9. In what areas were you the least help to the teachers? _____

_____

EVALUATION OF TUTOR/VOLUNTEER TRAINING FORM

1. What I liked most about the training was:

2. What I liked least was:

3. The thing I would like you to change or add to the training sessions is:

4. Was the length of training satisfactory?

   Just Right _____ Too Long _____ Too Short _____

   Comments:

5. What time arrangements would you have preferred?(check one)

   4 evening sessions 7 - 9 p.m. _____

   3 evening sessions 7 - 9:45 p.m. _____

   1 Saturday session 9 a.m.-5 p.m. _____

   1 Saturday session 9 a.m.-3 p.m. and
   1 evening session 7 - 9 p.m. _____

   Other _____

6. Are you now enthusiastic about continuing in the Right-to-Read program?

   yes _____ no _____

   If no, why not?

VOLUNTEER/TUTOR EVALUATION FORM

1. How many hours weekly did you spend with _____ your assigned student? _____

2. Were you satisfied with your assignment? yes _____ no _____
   Comment:

3. Do you think you received adequate tutor training before your assignment?
   yes _____ no _____
   Comment:

4. Did you receive satisfactory cooperation from the head teacher and reading specialist? yes _____ no _____
   Comment:

5. What techniques and approaches seemed to work best for you?

6. What significant problems, if any, did you have while tutoring?

7. Why did you volunteer to tutor reading?

8. How was the actual experience different from what you expected?

9. Do you plan to continue as a volunteer? yes _____ no _____
   Comment:

10. How do you think the program could be improved?

TUTOR/VOLUNTEER PREFERENCE FORM

I would prefer to work with students who are: (check one or more)

beginners _____ not bad _____ pretty good _____

I would work best with people who are: (check as many as apply to you)

male_____ female _____

age 16-25 _____ age 26-40 _____ age 41+ _____

black _____ white _____ Spanish surname _____

mentally retarded _____ normal _____ bright _____

Other characteristics I prefer: _____

I can work with:

1 student _____ 2 students _____ 3 students _____

The days and hours I have available for tutoring are: (Be specific. The Right-to-Read center will be open Mon. & Wed. 8:30 a.m. - 8:00 p.m.; Tues., Thurs., & Fri., 8:30 a.m. - 5:30 p.m.; Saturday, 10:00 a.m. - 12:30 p.m.)

I am interested also in doing other things for the Right-to-Read program: (check as many as apply to you)

art work _____
developing instructional materials _____
publicity and public relations _____
recruitment of volunteers _____
recruitment of students _____
typing and/or clerical work _____
other _____ _____

I prefer that in-service training sessions be held (check one)

1 evening session per month _____
1 Saturday morning session per month _____
Alternate evening & Saturday sessions _____
Other preference _____ _____

NAME _____

CLIENT EVALUATION FORM

1. How many hours weekly did you spend with your tutor? _____

2. Were you satisfied with the tutor assigned to you? yes ___ no ___
   Comment:

3. What kinds of reading activities helped you the most?

4. What were the major reasons you wanted to learn to read or improve your reading?

5. Do you feel that the reading materials used were satisfactory? yes ___ no ___
   Comment:

6. What significant problems, if any, did you have while a participant in the Right-to-Read Program?

7. Considering the time you have spent improving your reading, are you satisfied with the results? yes ___ no ___
   Comments:

8. Would you recommend this program to some one else who wanted to learn to read or improve their reading? yes ___ no ___
   Comments:

9. Do you plan to continue as a reading student? yes ___ no ___
   Comments:

10. How do you think the program could be improved?

CLIENT EVALUATION FORM

NAME _____

Male _____ Female_____

Age Group:
16-25_____ 26-30_____ 31-40_____ 41-50_____ Over_____

1. How many months have you attended the Community Reading Academy?

2. How many hours a week do you attend?

3. Why did you decide to attend:

   a. Learn to read _____
   b. Basic learning skills _____
   c. Academic credits _____
   d. Self-improvement _____
   e. Social _____
   f. Other _____

4. How do you rate your experience:

   a. Very helpful _____
   b. Fairly helpful _____
   c. Unpleasant _____
   d. Waste of time _____

5. Last grade officially completed: (circle appropriate number)

   1 2 3 4 5 6 7 8 10 11 12

6. Your preference for the number of class meetings per week: (circle appropriate number)

   1 2 3 4 5 6

7. Your preference for the days of the week: (circle appropriate day or days)

   Monday Tuesday Wednesday Thursday Friday Saturday

8. Your preference for the starting class time: (circle appropriate time or times)

Morning	Afternoon	Evening
9:00 AM	12:30 PM	5:30 PM
9:30 AM	1:00 PM	6:00 PM
10:00 AM	1:30 PM	6:30 PM
10:30 AM	2:00 PM	7:00 PM
11:00 AM	2:30 PM	7:30 PM
11:30 AM	3:00 PM	8:00 PM
12:00 noon	3:30 PM	8:30 PM
	5:00 PM	9:00 PM

1.	I am attending classes regularly.	yes ____	no ____
2.	I am working toward a goal.	yes ____	no ____
3.	I am developing good study habits.	yes ____	no ____
4.	I am spending time outside of class studying.	yes ____	no ____
5.	I am telling others about the program.	yes ____	no ____
6.	I think I am making progress.	yes ____	no ____
7.	I have more confidence in my ability to learn.	yes ____	no ____
8.	I participate freely and express opinions in class.	yes ____	no ____
9.	I am confident in my ability to go out and use new knowledge and skills I have learned.	yes ____	no ____
10.	I am changing my attitude as a result of our group discussion.	yes ____	no ____
11.	I am more cooperative in accepting responsibilities.	yes ____	no ____
12.	I am beginning to set goals for myself since entering the Right-to-Read program.	yes ____	no ____

CLIENT ATTITUDE FORM

Name _____ Date _____ Grade _____

1. Today I feel _____
2. When I have to read, I _____
3. I get angry when _____
4. My idea of a good time _____
5. I can't understand why _____
6. I feel bad when _____
7. I wish teachers _____
8. To me, books _____
9. To me, books _____
10. I like to read about _____
11. On weekends, I _____
12. I don't know how _____
13. I hope I'll never _____
14. I wish people wouldn't _____
15. I'm afraid _____
16. Comic books _____
17. I am at my best when _____
18. Most brothers and sisters _____
19. I'd rather read than _____
20. When I read math _____
21. The future looks _____
22. I feel proud when _____
23. I like to read _____
24. I would like to be _____

25. For me studying _____

26. I often worry about _____

27. I wish I could _____

28. Reading science _____

29. I look forward to _____

30. I wish someone would help me _____

31. I'd read more if _____

32. Special help in reading _____

33. Every single word is _____

34. My eyes _____

35. The last book I read _____

36. I read better than _____

37. I would like to read better than _____

VOLUNTEER/TUTOR WELCOME FORM

Dear Friend:

We are so pleased that you have decided to work with the Community Reading Academy Program as a literacy volunteer. Welcome Aboard! It is certain that you will find this experience to be personally meaningful, as well as challenging. We admire your commitment and desire to share your literacy with another person.

Please make note of our training sessions which will begin on

_____, at _____

_____

_____.

We look forward to seeing you on _____ to mark the beginning of a collective effort to eliminate illiteracy.

Have a great day!

Sincerely yours,

ORIENTATION MEETING EVALUATION FORM

1. Were the purposes of the meeting clear to you? yes ____ no ____

2. Did the meeting successfully attain its stated purposes? yes ____ no ____

3. Did the Right-to-Read film enable you to better understand the seriousness of the reading problem in the United States? yes___ no ____

   If no, why not? _____

   _____

4. Was the lecture presentation clear and understandable? yes ____ no ____

   If no, why not? _____

   _____

5. Was the session helpful to you in terms of understanding the nature and content of future meetings? yes ____ no ___

6. Did the "application form" enable you to understand one technique for acquiring information about literacy students? yes ____ no ___

   Comment: _____

   _____

7. Was the time of the meeting convenient? yes ____ no___

   If no, what other time would be convenient for you? _____

   _____

8. What other comments would you make which would enable us to improve the Reading Academies' meetings?

   _____

   _____

_____
Signature

SECTION I

I. EXIT FORMS. . . . . I-1 - I-6

EXIT INTERVIEW FORM

Student's Name	Student's Entry Level	IMC Area

Date of Exit Interview	Interviewer's Name	Teachers Name

A. Usefulness of Program

Student's Remarks

B. Quality of Instruction

Student's Remarks

C. Effectiveness of Teacher and Tutor

Student's Remarks

D. Additional Comments

Student's Signature _____ date _____

Interviewer Signature _____ date _____

White - Office Copy
Yellow - Area Office
Pink- Student Copy

EXIT RECORD FORM

Name _____ Date _____ Date of Birth _____

Address _____ Phone _____ Age at Enrollment _____

_____ Social Security No. _____ Sex _____

TOTAL NUMBER OF HOURS STUDENT ATTENDED _____ RIGHT TO READ CENTER _____

TUTOR: _____

Race/Ethnic Group

_____ Black
_____ Spanish Surnamed
_____ American Indian
_____ Oriental
_____ Other

I-2

At entry, the student was

_____ unemployed
_____ employed
_____ receiving public assistance

As A Result of His Participation in ABE, The Student ....

___ Achieved eighth grade diploma through program
___ Enrolled in high school diploma program
___ Passed GED
___ Graduated from high school after starting in adult education program
___ Enrolled in other education/training program (employee development, college, business or technical institute, correspondence, or other Federal, State, or local manpower programs)
___ Discontinued public aid
___ Obtained a job
___ Changed to or was upgraded to a better job
___ Registered to vote for the first time
___ Received U. S. citizenship
___ Received Driver's License
___ Received training in completing income tax forms
___ Other (specify) _____

REMARKS:

_____

_____

TEST(S) _____ DATE(S) _____

RESULTS: _____

Instructional Level (at entry)	Starting Level	Completed Level at which he started	Separated from level (dropped out before completion)
Beginning (0-4)			
Intermediate (5-8)			
Advanced (9-12)			

Reason for Separation

____ To take a job (unemployed when entered)
____ To take a better job (employed when entered)
____ To enter another training program
____ Met personal objective
____ Lack of interest
____ Health problems
____ Child care problems
____ Transportation problems
____ Family problems
____ Because of the time class is scheduled
____ Other (specify)
_____
____ Unknown

Site and Time

Location	Daytime	Evening
School Bldg. Elem.		
Junior High		
Secondary		
Comm. College		
Junior College		
Voc-Tech		
Learning Center*		
Correctional Institution		
Hospital		
Work Site		
Other		

*Adult instructional settings featuring (a) extensive use of programmed instruction, (b) flexible participant scheduling and attendance, and (c) being open for extended periods of time and on a daily basis, e.g., 9 a.m. to 5 p.m. In cases where learning centers are found in any of the other types of locations listed, participants should be counted as attending learning center, not the other types.

REMARKS:

_____

_____

_____

_____

I-3

EXIT RECORD FORM - page 2

EXIT RECORD FORM

Source:

Reason for termination
Enter reason code from item 10, below [ ][ ]

I. GENERAL TERMINATION DATA

1. NAME (last, first, middle initial)	2. SOCIAL SEC. NO.	3. HOME PHONE	4. WORK PHONE

5. HOME ADDRESS a. street address	b. city	c. State	d. zip

6. NAME OF NEAREST RELATIVE OR FRIEND	7. Relationship	8. Phone no.

9. ADDRESS OF RELATIVE/FRIEND a. Street Address	b. City	c. State	d. zip

10. REASON FOR TERMINATION (select appropriate reason code and enter in space provided in upper right corner)

Code	Reason	Code	Reason		
01	Direct Placement	06	Entered Military	11	Refused to Continue
02	Indirect Placement	07	Health/Pregnancy	12	Administrative Separation
03	Found own job	08	Family Care	13	Cannot Locate
04	Laid Off	09	Transportation Problems	14	Entered another Manpower program
05	Entered School	10	Moved from Area	15	Other

11. DATE OF TERM / /	12. LABOR FORCE STATUS ☐ 1.Employed ☐ 2.Unemployed ☐ 3.Under-employed ☐ 4.Not in labor force ☐ 5.Status Unknown

II. PLACEMENT INFORMATION ☐ DIRECT ☐ INDIRECT

13. EMPLOYER'S NAME AND ADDRESS	14. Phone no.
	15. SUPERVISOR's NAME

16. Starting Date / /	17. Starting Wage	18. Occupation	19. DOT Code / /

20. TRAINING RELATED ☐ 1-yes ☐ 2-no	21. ANTICIPATED DURATION OF EMPLOYMENT ☐ 1 - Three days or less ☐ 2 - Four to 150 days ☐ 3 - Over 150 days

III. INITIAL FOLLOW-UP REQUIREMENTS

22. EVALUATION (The number in parentheses represents the score to be entered in the appropriate boxes below)

A. Anticipated Duration of Employment
☐ (1) less than 3 mon. (2) 3 - 6 mon. (3) over 6 mon.

B. Characteristics of Employer
☐ (1) High turnover (2) Average (3) Sub. Invest. (4) Public Service Subsidized (5) Other Governmental Unit

C. History of Client's Mobility
☐ (1) Moved 2 or more times last year (2) Moved 1 time last year (3) Has lived at same address 1 year or more

D. TOTAL FOLLOW-UP SCORE
☐☐ (Enter sum of A, B and C)

Prime Sponsor's Remarks

see page 2

23. BASED ON TOTAL SCORE CHECK FREQUENCY OF FOLLOW-UP

SCORE	CHECK	FREQUENCY OF FOLLOW-UP	SCORE	CHECK	FREQUENCY OF FOLLOW-UP
3		Twice every 30 days	5 - 6		Once every 60 days
4		Once every 30 days	7		Once every 90 days

24. SIGNATURE	25. DATE

RECRUITER FOLLOW-UP REQUEST FORM

Staff Member _____
Location _____

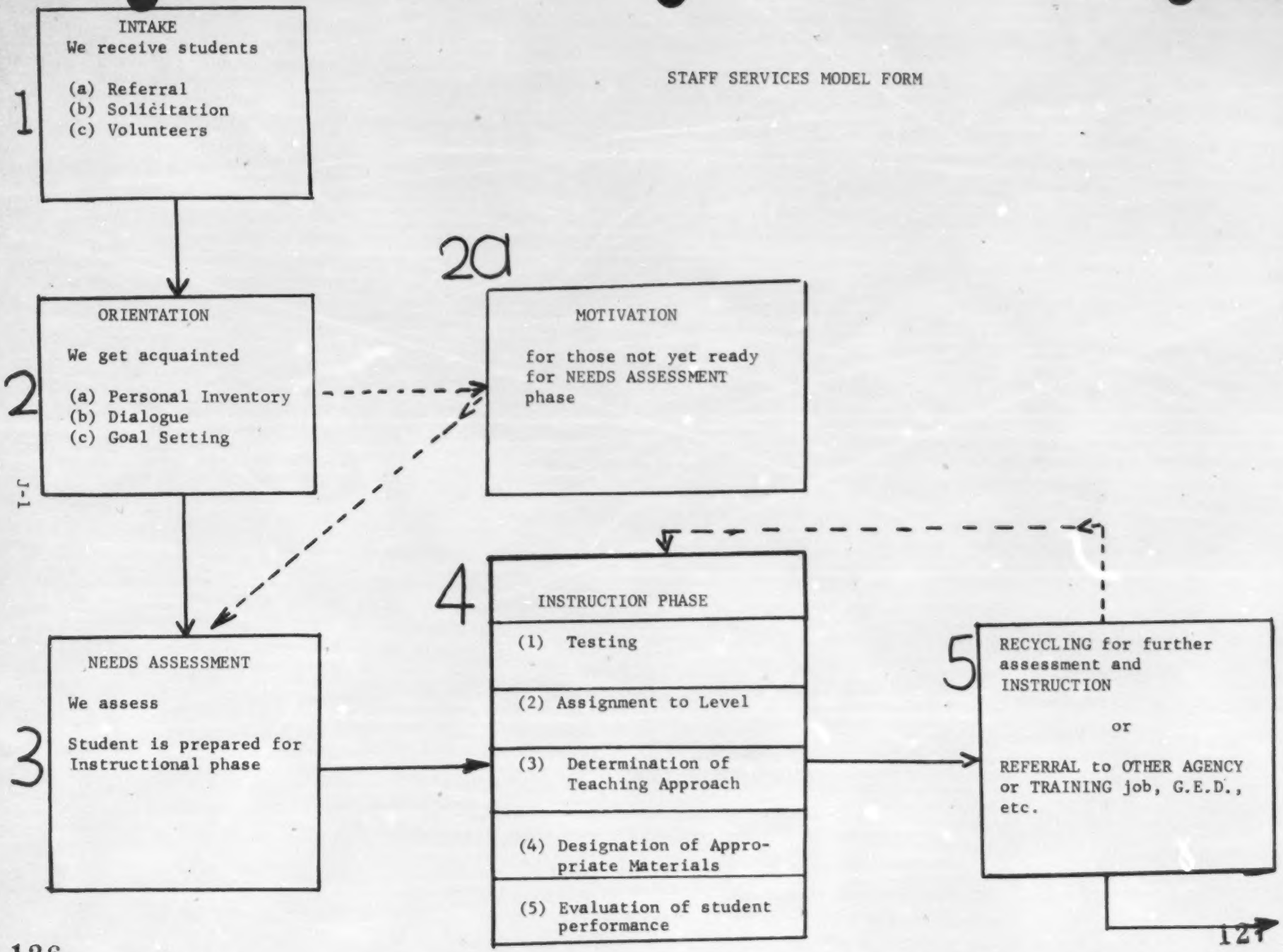
Date	Name and Address	Phone	Staff Comments	Contacted	Recruiter Comments

Special Notes: (Please Sign Your Comments)

SECTION J

I. PERSONNEL FORMS. . . . . .J-1 - J-9

STAFF SERVICES MODEL FORM



READING ACADEMY PROJECT DIRECTOR

NATURE OF WORK

The Reading Academy Project Director is responsible for the administration of activities related to the development and maintenance of Right to Read activities. This work includes; (a) establishing and maintaining an effective system of communication with local agencies involved in similar programs, (b) establishing and maintaining training programs, and (c) teaching graduate level course components of the program. This position is responsible for overall project direction and supervision of all technical, clerical coordinators.

EXAMPLES OF WORK

Teaches graduate level course components.
Plans, organizes, directs, and reviews the work of a technical and coordinating staff.
Coordinates and evaluates training.
Performs research and evaluates data.
Identifies major problems which can be dealt with by means of local resources.
Prepares detailed reports on the status of program in oral and written form.
Directs the maintenance of detailed records relative to the program.
Coordinates the budget of the project.

REQUIREMENTS OF WORK

Thorough knowledge of Reading Academy.
Thorough knowledge of the federal, state, and local Right to Read programs and resources.
Ability to express facts effectively orally and in writing.
Ability to plan, organize, and direct the work of a subordinate staff.
Ability to work with various board, commissions, and agencies responsible for preparing plans relative to Right to Read.
Ability to establish and maintain effective working relationships with other governmental agencies, subordinate employees, city officials, and the general public.
Ability to develop proposal documents.

DESIRABLE MINIMUM TRAINING AND EXPERIENCE

Advanced degree in education.
At least three years teaching experience in public schools.
At least administrative experience for out-of-school youths and adults.
Experienced in grantsmanship.
Sensitivity to minority problems is expected of the Director.

SATELLITE CENTER COORDINATORS

NATURE OF WORK

Satellite Center Coordinators are responsible to the Institution in a variety of Right to Read activities.

Work involves direct implementation, coordination, and assessment of Reading Academy Programs. Work is performed with a wide range of latitude and the employee uses independent judgment in planning and carrying out work details in accordance with predetermined policies and procedures. Finished work will be reviewed by the program director.

EXAMPLES OF WORK (Any one position may not include all of the duties listed, nor do the listed examples include all tasks which may be found in positions of this class).

Makes analyses of training needs of target teachers.
Prepares and conducts in-service training for participants.
Performs research relating to course preparation and presentation.
Compiles data for use in writing manuals, handbooks, and other training aids required for course preparation.
Maintains records of Right to Read activities and evaluates the effectiveness of Right to Read programs.
Coordinates established Right to Read programs with technical and professional programs offered in regular education institutions.
Coaches and trains other workers in Right to Read methods.
Designs, edits and prepares training bulletins.
Develops teaching outlines and lesson plans.
Performs consulting services as needed.
Performs related work as required.

REQUIREMENTS OF WORK

Thorough knowledge of principles, techniques and methods used in Right to Read training.
Thorough knowledge of training needs assessment procedures.
Considerable knowledge of the methods used in course preparation, writing manuals, handbooks, and training aids.
Ability to coordinate training programs with programs offered at regular educational institutions in the area.
Ability to develop effective supervisory training program.
Ability to accomplish technical research relating to training preparation and presentation.
Ability to communicate effectively using oral, wirtten and a combination of audio-visual skills.
Ability to establish and maintain effective working relationships with officials, employees and the public.

PROJECT SECRETARY

NATURE OF WORK

This is advanced secretarial work performed for one or more administrative officials.

Position requires performance of a variety of secretarial tasks which comprise the major portion of the work in these positions. Work includes such tasks as processing of correspondence, maintenance of personal files, making appointments, taking minutes of meetings, and receiving calls and callers. While shorthand is desirable, the principal element of this position is the responsibility for and quality of independent secretarial services provided. Work is performed with relative independence though it is subject to review upon completion. Supervision will be exercised over other clerical employees.

EXAMPLES OF WORK

Types correspondence and numerous materials either from dictating machines or shorthand notes; takes minutes of meetings or conferences in shorthand or by other means and prepares drafts of proceedings; composes and types administrative and routine letters, notices, and other material as follow-up actions.

Provides information on request and prepares periodic reports; instructs, and assigns work to clerical staff and reviews their work on completion; informs personnel of changes in office policies, procedures, or rules; relays instructions and messages of project coordinator.

Relieves superior of routine administrative details such as requisitioning or ordering purchases, checking operating reports for accuracy and for conformance to policies and standards, maintaining budgetary status information, and assisting in preparing agendas for meetings.

Receives visitors and answers telephone, maintains appointment schedules; provides information on office policies and activities, receives and distributes mail; screens calls and callers either disposing personally of matters or referring them to the director.

Maintains various records on office activities pertaining to personnel, budgeting, purchasing, supplies, and travel expenses.

Performs related work as required.

REQUIREMENTS OF WORK

Considerable knowledge of the regulations, procedures and policies of the office to which assigned. Considerable knowledge of modern office practices, procedures and appliances and of business English and arithmetic. Ability to plan and supervise the work of clerical subordinates.

PERSONNEL CONTRACT FORM

This agreement, made the _____ day of _____, 19____ between Mack County Community College Adult Reading Academy, Faite, Michigan, referred to as the "Academy" and _____ hereinafter referred to as "Employee".

WITNESSETH:

That subject to the provisions hereinafter set forth, and in consideration of the sum of $_____ to be paid by Mack County Community College during staff training period commencing on October 11, 1976, and ending on December 31, 1976; and the sum of $_____ commencing on January 1, 1977, and ending on August 31, 1977; the "employee" agrees to observe, enforce, and be directed by rules and regulations adopted by the "Academy", the statutes of the State of Michigan, and regulations of the State Board of Education. The school service referred herein shall be in the classification as _____.

Further provided, that in addition to the stated total salary, the "Academy" will pay the "employee rate" on a Blue Cross-Blue Shield premium for each full time contracted employee.

"Employee" agrees to reassignment should attendance fall below required minimum or for the good of total academy program.

Employee assigned to _____

_____

Maximum mileage payment (training) _____

Maximum mileage payment (instruction) _____

_____
President, Mack County Community College

_____
Director, Community Service

_____
Employee

_____
Director, Reading Academy

VOLUNTEER/TUTOR JOB TARGETS

The Volunteer Tutor will:

1. Become proficient in using tutoring materials.

2. Keep an accurate attendance sheet for each student assigned to him/her.

3. Keep a log on every tutoring session including:

    a. activities of that session
    b. plans for the next session
    c. anecdotal remarks

4. Be responsible for making sure log and other important data sheets are kept in file.

5. Report any needs, such as materials to the Supervising Tutor.

6. Will inform supervising tutor in advance if he/she is not able to attend the tutoring session.

SUPERVISING TUTOR/VOLUNTEER JOB TARGETS

Supervisor will:

1. Be assigned to one or more tutoring locations. The supervisor of that location will oversee the tutoring and tutor when there is a need.
2. Assist in the personal interview with each student.
3. Assist in the testing of students and the setting up of student files.
4. Make sure the appropriate materials are available.
5. Keep an accurate attendance record of all students and tutors.
6. Assist in the training of the tutors.
7. Attend on-going in-service meetings.
8. Present on-going in-service to the tutors of their specific centers.
9. Arrange for substitutes if volunteer is not able to attend scheduled session.

TUTOR/VOLUNTEER JOB TARGETS

1. Become thoroughly familiar with all testing instruments.

2. Be able to administer all testing instruments.

3. Be able to interpret and make recommendations from results of all testing.

4. Become thoroughly familiar with all instructional materials to be used.

5. Be responsible for training specified tutors in the administration and scoring of all testing instruments.

6. Aid tutors in scoring and interpreting testing materials.

7. Supervisor, along with specified tutors, is responsible for all testing and processing of every student, i.e., compiling test data, setting up individual student file.

8. Be responsible for ordering student materials.

9. Along with director schedule time and place student will be tutored and assignment of a tutor.

10. Any further testing will be decided upon after conferring with director.

11. Be responsible for overseeing all training of volunteer tutors.

12. Weekly log of activities for that week to be turned in to project director at weekly meeting.

13. Be responsible for overseeing tutoring sessions and reporting any needs or difficulties to the director.

14. All specified tutors are to give you logs of weekly activities from their centers.

15. Be responsible for a master schedule at each tutoring center in order to keep a daily record of; day and time of session for each student tutor assignments, attendance of all students and tutors.

16. Be responsible for keeping student files up to date. These files must include students:

    a. personal data sheet
    b. report of testing
    c. testing instrument
    d. tutoring schedule, name, phone number, address, and if assigned tutor
    e. attendance record
    f. log of each tutoring session

VOLUNTEER JOB DESCRIPTION

PROGRAM: Reading Academy

FUNCTION: Reading instruction for youths and adults

ADDRESS: Grand Valley State College
Graduate School of Education
State Office Building
350 Ottawa, N. W.
Grand Rapids, Michigan 49503

CONTACT PERSON: Dr. Faite Mack

PHONE: 555-1212

JOB TITLE: Volunteer/Tutor

JOB DESCRIPTION: A literacy volunteer/tutor may be assigned to serve under four broad areas of service:

Tester: assist in individual testing of students, interpretation of test results, writing of instructional programs.

Tutor: individual/small group instruction in reading, collection and production of materials, preparation of lessons.

Recruit: preparation of advertising fliers, dissemination of fliers generation of community resources.

Management: typing, preparation of learning centers, maintenance of application forms, clerical work

SPECIAL SKILLS: Interested in eliminating illiteracy.
Willing to share ones literacy with another.

TRAINING PROVIDED BY THE AGENCY: All duties are under the supervision of the staff. Orientation sessions are provided in conjunction with continuous guidance and on-the-spot training. Specific times and dates of orientation sessions to be assigned.

SUPERVISOR: Dr. Faite Mack
9:00 a.m. - 5:00 p.m. Monday - Friday

SECTION K

I. MATERIAL REQUEST FORMS. . . . . K-1 - K-9

MATERIALS DUPLICATION FORM

NAME _____

CENTER _____

Date Needed _____

Name of Material _____

Pages _____

Copies Needed _____

_____ 8 1/2 x 11

_____ 8 1/2 x 14

_____ other

Collate _____

Staple _____

DELIVERY STATUS:

_____ Pick Up

_____ Deliver to Center

_____
Signature

BOOK REQUISITION FORM

NAME _____ DATE _____

AUTHOR _____

TITLE _____

EDITION AND DATE _____

PUBLISHER _____

Check one: PAPER BOUND _____ HARD BOUND _____

NUMBER OF COPIES _____

OTHER INFORMATION _____

_____

_____

REQUEST FOR USE OF MOTOR VEHICLE FORM

Date _____

Requesting Unit: _____

Budget Number: _____

Room & Building: _____

Telephone: _____

Destination: _____

Number of Passengers: _____

Type of Vehicle:
___ Sedan
___ Station Wagon
___ Limousine
___ Bus
Other: _____

Purpose of Trip: _____

_____

Anticipated date(s) and time(s) of trip:

From ___/___ to ___/___
date time date time

I certify that I hold a valid Michigan Driver's License and that I will be the driver of this vehicle.

_____
Driver's Signature

_____
Unit Head Approval

DO NOT WRITE BELOW THIS LINE -- FOR DEPARTMENT USE ONLY

RESERVATION ACKNOWLEDGEMENT

To: _____ Vehicle No. _____ is reserved

1. _____ As Requested

2. _____ With the following exceptions:
_____
_____

3. _____ All vehicles are scheduled for use at periods requested. Please try to reschedule your trip. If you cannot reschedule it, you are hereby authorized the use of your personal car.

Please notify the dispatcher if you cancel your plans.

_____
Dispatcher

DATE _____

EQUIPMENT SUPPLY & SERVICE REQUISITION FORM

UNIT HEAD
APPROVAL _____

_____
Requesting Person and Unit Number

Item No.	Quantity	Unit Price	Amount	Description

A-V EQUIPMENT CHECKLIST FORM

NAME	DATES WHEN USED: CRAIG READER	CONTROLLED READER	PHRASE FLASHER	TACHIST-OSCOPE	CASSETTE PLAYER

SUPPLY REQUISITION FORM

(For Teacher, Counselor, Consultant)

Name_____ Date _____

Bands, Rubber _____bx.(s)

Baskets, Wire _____

Box, File _____ (4 x 6)

Carbon, Duplicating (Ditto Paper) _____sheet(s) _____bx.(s)

Cards, Index, Ruled (4 x 6) _____pkg.(s) _____card(s)

Chalk ..... White _____box.(s) Yellow _____bx.(s)

Clips, Paper

Dividers, Indexed A to Z _____ (4 x 6) _____(8 1/2 x 11) Sets

Envelopes, Metal Clasp _____ (9 x 12)

Envelopes, Plain _____

Fasteners, Paper _____(each or Bx.)

Fluid, Liquid Paper _____ btls.

Fluid, Liquid Paper Thinner _____btls.

Folders, Manila _____ea. _____bx.(s)

Pads, Office, Letter-size, Ruled _____

Paper, Bond _____Reams

Pens, Ball Point, Fine _____Black

_____Blue

_____Red

_____Green

Pens, Overhead Projector _____

Pencils, Medium, Soft #2 _____Individuals _____doz(s)

Pencils, Red _____Individuals _____doz(s)

Rulers, Wood, 12' _____ea.

Felt Tip Pens _____

Mark-A-Lot Pens _____black

_____red

_____green

_____blue

Scissors, 7' _____ea.

Scotch Tape Dispenser _____

Stapler, Bostich _____

Staples, Bostich _____bx.(s)

Stencil, Mimeograph _____ sheet(s)

Tape, Masking _____rl.(s)

Tape, Magic Mending _____rl.(s)

Thermal, Spirit Master _____sheet(s)

Thumbtacks _____bx(s)

Transparent, Sheet (for Overhead Projector) _____sheet(s)

NOTE:

If anything else needs to be ordered, please add to spaces provided below.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

RESOURCE CENTER MATERIALS REQUEST FORM

Name _____ Date _____

Right-to-Read Program _____

LIST TITLES OF UNITS, BOOKS OR PAMPHLETS YOU ARE CHECKING OUT. LIST TITLES AND THE NUMBER OF STUDENT HANDOUT SHEETS YOU ARE TAKING.

1.

2.

3.

4.

5.

6.

7.

8.

MATERIAL REQUEST FORM

Name _____ Date _____

Location of Class _____

	Quantity	Information
EASY READERS BOOKS	_____	SUBJECT AREAS _____
		_____
		_____
WORKBOOKS	_____	LEVEL OR TITLE _____
HANDOUT SHEETS	_____	SUBJECT AREAS _____
		_____
		_____

OTHER INFORMATION, SPECIFY _____

_____

SECTION L

I. FINANCIAL FORMS. . . . . .L-1 - L-10

STAFF PAYMENT FORM

THIS IS TO REQUEST PAYMENT AT THE RATE OF $_____ PER HOUR FOR SERVICES RENDERED TO THE Right to Read Academy PROGRAM.

FIRST WEEK	
DATE	NUMBER OF HOURS

SECOND WEEK	
DATE	NUMBER OF HOURS

THIRD WEEK	
DATE	NUMBER OF HOURS

FOURTH WEEK	
DATE	NUMBER OF HOURS

ADDITIONAL WEEK	
DATE	NUMBER OF HOURS

SIGNED _____

DATE _____

APPROVED _____

DATE _____

IN-KIND SERVICES VOUCHER FORM

Agency _____

Budget Item _____ Date _____

Service Rendered: Personnel: Specify	
Facilities: Number of days @	
Equipment: Specify	
Other:	
TOTAL IN-KIND MATCH	

I/we certify that the services included herein have been performed according to the provisions of the completed project proposal.

Project Director	Signature	Date
Agency Representative	Signature	Date

TELEPHONE LOG FORM

Billing Number _____ Month _____

DATE	NUMBER CALLED	(*) TYPE	DATE	NUMBER CALLED	(*) TYPE	DATE	NUMBER CALLED	(*) TYPE

* A -Person-to-Person B=Direct Dial C=Collect Call Received

BUDGET BOOKKEEPING FORM

MONTH _____ LINE ITEM _____

A. Budgeted Amount _____

B. Beginning Month Balance _____

C. Expended to Date _____

D. Encumbrances _____

E. Balance at End of Month _____

(X) RECEIVED
(Ⓧ) PENDING

DATE ORDERED	DATE RECEIVED	AMOUNT	DESCRIPTION OF VOUCHER ITEM

RENDER BILL IN DUPLICATE ON THIS FORM

For the period

ending ..... 19 .....

TRAVEL VOUCHER FORM

Name

Street and Number

City, State and Zip

ACCOUNT NAME	ACCOUNT NUMBER	ACCOUNTING CLASSIFICATION

NOTE – State purpose of each trip on lines below with dates.

DAY	CHARACTER OF EXPENDITURE	AMOUNTS $	AMOUNTS ¢
	Subtotal from other side, if necessary		
	Total		
	Less advances, if any		
	Net Total		

I certify that the within statement of account is correct, and in accordance with the policy and instructions of the colleges; that the amount charged for expenses was actually expended, was reasonable and necessary, and was incurred in the conduct of college business; and that the above account, or any part of it, has not heretofore been allowed or paid.

CLAIMANT SIGN HERE

Approved for payment .... 19 .....

head of unit or authorized agent

151

PRICES, TERMS AND EXTENSIONS CORRECT:	PASSED BY ACCOUNTING
DATE OF PAYMENT	VOUCHER NUMBER

L-5

TRAVEL VOUCHER FORM – page 2

DAY	CHARACTER OF EXPENDITURE	AMOUNTS $	AMOUNTS ¢
	Subtotal (to other side)		

TRAVEL POLICY SUMMARY (see travel policy for additional comments)

TYPE OF EXPENSE	REIMBURSEMENTS	RECEIPT REQUIRED	ITEMIZATION REQUIRED
1. Lodging and Meals			
Lodging – room	Actual, Reasonable	Yes	Show daily rate
Tips – bellboy, etc.	Actual, Reasonable	No	Each occasion
Meals (including tips)	Actual, Reasonable	No	Show each meal
Meals with guests	Actual, Reasonable	Yes	List guests and purpose
2. Transportation			
Personal car	12 cents per mile	No	Total miles each trip
Commercial carrier	Actual, Tourist	Yes	Each occasion
Limousine, taxi	Actual	No	Each occasion
Rental cars	Actual	Yes	Each occasion
3. Other Expenses			
Parking	Actual	No	Total
Telephone	Actual	No	Each call and to whom
Toll roads & bridges	Actual	No	Total
Conference fees	Actual	Yes	Each occasion

TRAVEL VOUCHER FORM

NAME OF TRAVELER _____ TITLE _____

DESTINATION: FROM _____ TO _____

DATE & TIME OF DEPARTURE _____

DATE & TIME OF RETURN _____

TOTAL MILES - ROUND TRIP(S) _____ AT 12¢/mile_____

PER DIEM CLAIMED _____ DAYS AT $_____ PER DAY _____

PURPOSE OF TRIP _____

I hereby certify that the above is correct

_____
Signature of Traveler

APPROVED:

_____
Signature of Project Director

FOR OFFICE USE ONLY

PAID FOR MILEAGE _____

PAID FOR PER DIEM _____

TOTAL AMOUNT PAID _____

PAID BY CHECK NUMBER _____

APPROVED FOR PAYMENT:

_____
Signature of Coordinator or Chairman

MILEAGE RECORD FORM

DATE	FROM TO & BACK	EXPLANATION	TOTAL MILES	TOTAL COST
TOTAL MILES AND COST @ 12¢/mile _____				

CONTRIBUTION FORM

Community Organization or Member _____

Address _____ City and State _____

Telephone: Business _____ Home _____

The Reading Academy Program is a non-profit tax exempt program that would greatly appreciate donations, either monetary or materials in the form of books, pencils, paper, office equipment or supplies, etc. This would enable us to serve the Kent County Community better in our efforts to eliminate a large portion of the illiteracy that presently exists. Please specify the area(s) in which you feel you could aid our program.

Monetary Contribution

_____

Material Contributions

_____

_____

_____

Other:

_____

_____

Thank you for your cooperation.

REQUEST FOR PAYMENT FORM

THIS IS TO REQUEST PAYMENT AT THE RATE OF $_____

PER DAY/HOUR FOR SERVICES RENDERED TO GRAND VALLEY STATE COLLEGE RIGHT-TO-READ PROGRAM.

SERVICE FROM _____ TO _____

TYPE OF SERVICE RENDERED: _____

_____

TOTAL NUMBER OF DAYS/HOURS: _____

LOCATION WHERE SERVICES WERE RENDERED: _____

_____

TOTAL AMOUNT REQUESTED: $_____

SIGNED: _____ DATE_____

APPROVED: _____ DATE_____
Project Director

APPROVED FOR PAYMENT: _____
Coordinator/Director or Board Chairman

Check Number: _____

Date Paid: _____